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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,301	06/25/2003	Phillip Bowler	CV0317 NP	3224
	7590 03/19/200 ERS SQUIBB COMP.	EXAMINER		
100 HEADQUARTERS PARK DRIVE SKILLMAN, NJ 08558			GHALI, ISIS A D	
SKILLMAN, N	IJ 08338		ART UNIT	PAPER NUMBER
			1611	
			MAIL DATE	DELIVERY MODE
			03/19/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/603,301 BOWLER ET AL.		
interview Summary	Examiner	Art Unit	
	Isis A. Ghali	1611	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Isis A. Ghali</u> .	(3)		
(2) <u>Mr. Hohn Kilcoyne</u> .	(4)		
Date of Interview: 03 March 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. o	ı)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <i>Mr. Kilcoyne informed the action mailed 7/11/2007 in favor of a continuation application</i>	<u>e examiner that no response h</u>		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)